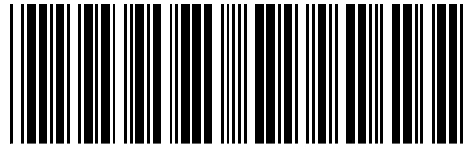


CRS-1 - LONG FORM PAGE 1
COMBINED REPORT SYSTEM

Rev. 06/2010

Mail to: Taxation and Revenue Department,
P.O. Box 25128, Santa Fe, NM 87504-5128

| | |
|--|--------------------------|
| NAME STREET / BOX CITY, STATE, ZIP | NEW MEXICO CRS ID NO. |
|--|--------------------------|

TAX PERIOD

| | | | | | | |
|-------|-----|------|---------|-------|-----|------|
| | | | through | | | |
| Month | Day | Year | | Month | Day | Year |

Check if applicable: ☐ Amended report**Payment made by:**☐ Automated clearinghouse deposit

Date _____

☐ Federal wire transfer

Date _____

If additional space is needed, use the supplemental page.Do not submit a photocopy of these forms to the Department. If additional space is needed, please obtain an original form from your local district office or download the form from our web site at www.tax.newmexico.gov.

| A Municipality / county name | B Special code* | C Location code | D Gross receipts (excluding tax) | E Total deductions | F Taxable gross receipts | G Tax rate | H Gross receipts tax |
|--|-----------------|-----------------|----------------------------------|--------------------|--------------------------|------------|----------------------|
| | | | | | | | |
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| | | | | | | | |
| Enter total of columns D, E and H, this page. * See instructions for column B. | | | \$ | \$ | | | \$ |
| If supplemental pages are attached, enter total of all columns D, E and H from this page and all supplemental pages. | | | \$ | \$ | | | \$ |

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of taxpayer or agent

Print name

Date

Title

Phone

E-mail address

| | | |
|---|---------------------------------------|--|
| 1 | TOTAL GROSS RECEIPTS TAX ALL PAGES | |
| 2 | COMPENSATING TAX | |
| 3 | WITHHOLDING TAX | |
| 4 | TOTAL TAX DUE | |
| 5 | PENALTY | |
| 6 | INTEREST | |
| 7 | TOTAL AMOUNT DUE | |

[illegible]